

DR 7025 (01/08/09)
COLORADO DEPARTMENT OF REVENUE
 MOTOR CARRIER SERVICES DIVISION
 PORT OF ENTRY SECTION
 1881 PIERCE ST. ROOM 118
 LAKEWOOD, CO 80214-1497
 PHONE (303) 205-5691
 FAX (303) 205-5764

FEIN / SSAN ACCT # _____

IFTA ACCT # _____

APPLICATION FOR SPECIAL REVOCABLE PERMIT

Date			
Name	DBA	USDOT Number	
Mailing Address	City	State	ZIP Code
Location Address	City	State	ZIP Code
Ports of Entry for which permits are requested			
Describe the route(s) or area to be traveled. Include the point of departure, point of destination, point of delivery or point of loading, direction of travel and highways to be traveled. Before a permit can be granted, the above described route or area must be approved by Port of Entry Headquarters.			
Number of Permits Requested (This number cannot exceed total number of trucks in fleet), (Registrations, PRC, & UCR Evidence, must be faxed to 303-205-5764)			
Perjury Statement			
I declare under penalty of perjury in the second degree that this application is true and correct.			
Name (please print)	Signature		Date
Title	Phone		
FOR DEPARTMENTAL USE ONLY			
Delinquencies	Previous Problems		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Issue Date	Concurrence with Local Ports		
Overweight Reports	Number of Permits Issued		
Port of Entry Chief		Date	
Special Conditions			